

HARRIET SIMS HARVEY
Attorney at Law
71 Spring Lane
Englewood, New Jersey 07631

(201) 567-2538

June 28, 1983

Hon. Reginald Stanton
Superior Court of New Jersey
228 Hall of Records
Newark, New Jersey 07102

RE: State of New Jersey, Department of
Environmental Protection v. Scientific
Chemical Processing, Inc., et al
Docket # C-1852-83E

Dear Judge Stanton:

Enclosed find an original and one copy of the affidavit of Mack Barnes, defendant in the above-captioned matter, to which is appended a detailed statement of his assets and liabilities, schedules of his and his wife's expected salaries for this year, on a monthly basis, plus estimated monthly expenses, copies of their Federal Income Tax returns for 1981 and 1982, including W-2 forms, and such other documents as are necessary to support the recitation of facts in the accompanying statement, in compliance with paragraph 5 of your Order dated June 15, 1983.

I am sending copies of the above to Mr. Reger, Mr. Barbire, and Mr. Egan. I shall be happy to provide the same for the attorney for the insurance carrier of Mr. Mahan, and/or Inmar, Inc., as soon as I have the name and address available to me.

In reference to your letter of June 23, 1983, in which you have called a case management conference for August 11, 1983, I called your secretary, and she confirmed that the hearing scheduled for July 7, 1983 on this matter has been cancelled.

Thank you for your attention.

Very truly yours,

Harriet Sims Harvey

HSH/nks

CC: David W. Reger, DAG
w/enc.
Edward J. Egan, Esq. ✓
w/enc.

Paul S. Barbire, Esq.
w/enc.

345807



HARRIET SIMS HARVEY, ESQ.
71 SPRING LANE
ENGLEWOOD, NEW JERSEY 07631
(201) 567-2538
Attorney for Mack Barnes

Plaintiff

STATE OF NEW JERSEY, DEPARTMENT OF ENVIRONMENTAL PROTECTION

VS.

SUPERIOR COURT OF
NEW JERSEY
CHANCERY DIVISION
ESSEX COUNTY

Defendant

SCIENTIFIC CHEMICAL PROCESSING, INC.;;
ENERGALL, INC.; PRESTO INC.; INMAR :
ASSOCIATES, INC.; LIEF R. SIGMOND and:
DOMINICK PRESTO, a partnership, t/a :
SIGMOND AND PRESTO; LEIF R. SIGMOND, :
an individual; HERBERT G. CASE, an :
individual; MACK BARNES, and indivi- :
dual; DOMINICK PRESTO, an individual; :
MARVIN MAHAN, an individual :

DOCKET NO. C-1852-83E

CIVIL ACTION

AFFIDAVIT of
MACK BARNES

STATE OF NEW JERSEY)

) SS.

COUNTY OF BERGEN

MACK BARNES, being of full age, and duly sworn according to law, upon his oath deposes and says:

1. I am one of the named defendants in the above-captioned action. I was an officer and a director of Scientific Chemical Processing, Inc., in charge of production.

2. Consistent with an Order executed by the Court on June 15, 1983, I have prepared a detailed financial statement showing that I am capable neither of paying for the clean-up of the sites in question, nor of contributing to their clean-up. (It is appended hereto.)

3. At present I am employed by Sentry Transportation, P.O. Box 158, Emigsville, Pennsylvania. I have no contract with them, but am employed on an hourly basis as a consultant/contractor, and this employment will terminate whenever the project we are working on is completed. My average weekly gross wages, plus transportation allowance, is 859.40 (eight hundred, fifty-nine dollars and forty cents). My average weekly net take-home is 484.83 (four hundred, eighty-four dollars and eighty-three cents.)

4. My wife is employed and receives a weekly net

take-home pay of 200.00 (two hundred dollars).

5. Under the terms of an agreement between Scientific Chemical Processing and S.R.S., Inc., I also receive .018% (less than two per cent) of receipts from certain "Special Customers". The amount varies and will cease under the terms of the agreement in October, 1985. This money has been used by me to pay my Federal Income Taxes.

6. I have two children, Derek, age 12 (twelve) and Keisha, age 9 (nine).

7. As can be seen by the figures appended hereto, the monthly expenses of our family virtually match our monthly income. We are just meeting expenses, and are unable to save anything for the education of the children at the present time. We do have a "day-of deposit" type saving account which I keep only in order to segregate the monies I need for quarterly taxes. (As an "independent contractor" I am responsible for making these timely deposits.) We also maintain a small balance in our checking account in order to facilitate paying bills.

8. It has been necessary for me to place a second mortgage on my home in order to pay the legal fees in connection with a criminal prosecution which arose from my connection with Scientific Chemical Processing, Inc. The value of the home is 45,000. (forty-five thousand dollars) and the two mortgage total 38,746. (thirty-eight thousand, seven hundred forty-six dollars), leaving a net equity of approximately 6,000. (six thousand dollars).

9. The furniture and household effects are quite old and worn. For insurance purposes they have a replacement value of approximately 20,000. (twenty-thousand dollars), but their market value is negligible.

10. We have two automobiles, which my wife and I need in order to travel to our jobs, a 1977 Lincoln and a 1975 Ford, with a combined resale value of approximately 2500. (two thousand, five hundred dollars).

11. I have appealed the conviction in the above-referenced criminal case, Docket # 83-5442, and based on a showing of essentially the same facts recited herein, the Court has agreed to remunerate my attorney, Anthony Mautone, Esq., for all counsel fees in connection with this appeal. (Copies attached.)

12. Furthermore, if my appeal does not succeed, I shall have to pay a fine of 500. (five hundred dollars) and serve a term of six months in jail. During this period, my family will be solely dependent upon my wife's weekly salary of 200. (two hundred dollars) net.

13. I have appended hereto and made a part hereof my Income Tax returns for the past two years, my pass-book, and my most recent checking account statement, as well as

my life insurance policy , which has a surrender value of 1985.00 (one thousand, nine hundred, eighty-five dollars), and a balance sheet showing my current assets and liabilities. I have also appended a detailed list of my household and family expenses.

14. Because of all the above facts, it is impossible for me to contribute to the cost of the clean-up of the Carlstadt or Newark sites.

I swear that the foregoing statements made by me are true based upon my best information and belief.

I am aware that if any of the foregoing statements are intentionally false, I am subject to punishment.

Mack Barnes
MACK BARNES

SWORN TO AND SUBSCRIBED
BEFORE ME THIS 24 DAY
OF JUNE, 1983

Harriet Sims Harvey
Harriet Sims Harvey, Attorney
at Law, State of New Jersey

HARRIET SIMS HARVEY
71 Spring Lane
Englewood, New Jersey 07631
(201) 567-2538

STATE OF NEW JERSEY, DEPARTMENT OF :
ENVIRONMENTAL PROTECTION, :

Plaintiff :

vs. :

SCIENTIFIC CHEMICAL PROCESSING, :
INC., et al :

Defendants :

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION
ESSEX COUNTY

Docket No. C-1852-83E

STATEMENT OF ASSETS AND
LIABILITIES OF MACK BARNES,
TO BE APPENDED TO AND MADE
PART OF HIS AFFIDAVIT DATED
June 24, 1983

Item	Owner's Equity (or Cash Value)	Current Obligation
* Real property (residence at 30 Gracel Street, Bloomfield, New Jersey)	\$6,253.56	
* Passbook Savings Account	4,267.66	
* Whole Life Insurance, cash value	2,508.00	
* Term Life Insurance, cash value	1,985.00	
Automobiles	2,500.00	
TOTAL	\$17,514.22	
QUARTERLY TAXES DUE, 6/30/83		
Federal withholding		\$4500.00
F.I.C.A.		800.00
New Jersey State Taxes		338.80
* Real Property Taxes		2396.80
* Blue Cross Premium Due		860.00
* Auto Insurance Premium Due		1800.00
Disability Insurance "		616.00
Attorney's Fees		2500.00
* Whole Life Premium		418.50
* Term Life "		162.65
TOTAL		\$14,392.75
TOTAL NET WORTH		\$ 3,121.47

* Documentation appended

HARRIET SIMS HARVEY
71 Spring Lane
Englewood, New Jersey 07631
(201) 567-2538

STATE OF NEW JERSEY, DEPARTMENT OF :
ENVIRONMENTAL PROTECTION :
Plaintiff :
vs. :
SCIENTIFIC CHEMICAL PROCESSING, :
INC., et al :
Defendants :

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION
ESSEX COUNTY

Docket No. C-1852-83E

STATEMENT OF MONTHLY INCOME
AND EXPENSES OF MACK BARNES,
TO BE APPENDED TO AND MADE
PART OF HIS AFFIDAVIT DATED
JUNE 24, 1983

WAGES OR OTHER REMUNERATION

Mack Barnes

Weekly Gross Pay (Average)	\$800.00
Travel allowance	59.40
Federal withholding	(300.00)
F.I.C.A.	(52.77)
New Jersey State Tax	(21.80)
Net Average Take-home Pay	484.83

Earline Barnes

Net Average Take-home	200.00
Combined weekly "	\$684.83

AVERAGE NET MONTHLY INCOME \$2,967.59

ESTIMATED MONTHLY EXPENSES

First Mortgage	\$377.00
Second Mortgage	298.00
Clothing (4 persons)	350.00
Food (4 persons)	400.00
Utilities	250.00
Water	40.00
Telephone	90.00
Autos - Gas, oil	320.00
Autos-repair & maintenance	100.00
Medical, Dental, Medication	230.00
Toiletries	100.00
Entertainment, children's allowances, gifts	150.00
Newspapers, periodicals	20.00
Barber shop (2 persons)	16.00
Beauty shop (2 persons)	40.00
Summer Vacation Fund	100.00

TOTAL EXPENSES \$2,881.00

APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

<input checked="" type="checkbox"/> Magistrate <input type="checkbox"/> District <input checked="" type="checkbox"/> Appeals <input type="checkbox"/> Other		2. VOUCHER NO. 798269
3. (DISTRICT OR CIRCUIT) THIRD CIRCUIT		5. LOCATION CODE PAUPH
4. AT (CITY/STATE) PHILADELPHIA, PA		6. <input type="checkbox"/> PETTY OFFENSE <input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR
7. CHARGE/OFFENSE (U.S. or Other Code Citation) Conspiracy 18:371		12. MAG. DOCKET NO.
8. THE CASE OF U.S.A. vs Barnes, Mack		13. DIST. DOCKET NO. 82-00200-02
9. PROCEEDINGS (Describe briefly) Appeal		14. APPEALS DOCKET NO. 83-5442
10. PERSON REPRESENTED (Full Name) MACK BARNES		11. PERSON REPRESENTED: 1 <input type="checkbox"/> Defendant — Adult 2 <input type="checkbox"/> Defendant — Juvenile 3 <input checked="" type="checkbox"/> Appellant 4 <input type="checkbox"/> Appellee 5 <input type="checkbox"/> Habeas Petitioner 6 <input type="checkbox"/> 2255 Petitioner 7 <input type="checkbox"/> Material Witness 8 <input type="checkbox"/> Parolee Charged With Violation 9 <input type="checkbox"/> Probationer Charged With Violation 0 <input type="checkbox"/> Other

COURT ORDER <input checked="" type="checkbox"/> Appointing Counsel <input type="checkbox"/> Ext. Appointment for Appeal <input type="checkbox"/> Subs. Counsel for: _____ Name _____	
Because the above-named "person represented" has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 16 is appointed to represent this person in this case.	
15. <i>[Signature]</i> Sig. of Judge/Magistrate or By Order of Court (Clerk/Deputy)	16. NAME OF ATTORNEY/PAYEE AND MAILING ADDRESS Anthony R. Mautone, Esquire Minichino, Mautone & Colasanti, Esqs. Two Peach Tree Hill Road Livingston, NJ 07039
17. TELEPHONE No. (201) 533-4694	18. SOCIAL SECURITY NO. 142-34-3735
Date of Order June 15, 1983	Nunc Pro Tunc Date

CLAIM FOR SERVICES OR EXPENSES

SERVICE	HOURS	DATES	AMOUNTS CLAIMED
a. Arraignment and/or Plea			Multiply rate per hour times total hours to obtain "In Court" compensation. Enter total below.
b. Motions and Requests			
c. Bail Hearings			
d. Sentence Hearings			
e. Trial			
f. Revocation Hearings			19A. TOTAL IN COURT COMP. \$
g. Appeals Court			
h. Other (Specify on additional sheets)			Multiply rate per hour times total hours. Enter total "Out of Court" compensation below.
(Rate per hour =) TOTAL HOURS =			
a. Interviews and conferences			
b. Obtaining and reviewing records			
c. Legal research and brief writing			
d. Travel time (Specify on additional sheets)			20A. TOTAL OUT OF COURT COMP. \$
e. Investigative and other work (Specify on additional sheets)			
(Rate per hour =) TOTAL HOURS =			
ITEMIZATION OF REIMBURSABLE EXPENSES		AMT. PER ITEM	See instructions regarding the requirement to attach receipts.
			21A. TOTAL ITEMIZED EXP. \$

22. CERTIFICATION OF ATTORNEY/PAYEE Has compensation and/or reimbursement for work in this case previously been applied for? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, by whom were you paid? _____ How much? _____ Has the person represented paid any money to you, or to your knowledge to anyone else, in connection with the matter for which you were appointed to provide representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements		23. GRAND TOTAL CLAIMED \$
Signature of Attorney/Payee _____ Date _____		24. DEDUCT PRIOR PYMTS. \$
Signature of Judge/Magistrate _____		25. NET AMOUNT CLAIMED \$
Signature of Chief Judge, Ct. of Appeals _____		26. AMT. APPROVED/CERT. \$
Excess payment approved under 18 U.S.C. 3006A(d)(3) _____ Date: _____		27. AMOUNT APPROVED \$

OFFICE OF THE CLERK

UNITED STATES COURT OF APPEALS

FOR THE THIRD CIRCUIT

21400 UNITED STATES COURTHOUSE

INDEPENDENCE MALL WEST

601 MARKET STREET

PHILADELPHIA 19106

TELEPHONE
215-597-2995

DIRECT DIAL
597-5017

SALLY MRVOS
CLERK

June 15, 1983

Anthony R. Mautone, Esq.
Minichino, Mautone & Colasanti, Esqs.
Two Peach Tree Hill Road
Livingston, NJ 07039

Re: UNITED STATES OF AMERICA

vs.

BARNES, MACK,

Appellant

(D.C. Criminal No. 82-00200 -02)

No. 83-5442

Dear Counsel:

This is to advise you that the appeal in the above-captioned case has been docketed in this Court today at No. 83-5442.

Pursuant to Rule 10(b) F.R.A.P., within 10 days of the filing of the notice of appeal, you must order from the court reporter those portions of the trial transcript which relate to the issues to be raised on appeal. If you have not already done so, you should give this matter your immediate attention. When the record is complete for purposes of the appeal and has been transmitted to this office from the District Court, you will receive a briefing order.

There is enclosed the following: Three (3) copies of CJA 20, with instruction sheet. Please read carefully. Retain copy No. 3, and return copies No. 1 and 2 after completion of case. PLEASE NOTE THE SUPPLEMENTAL INSTRUCTIONS WITH THIS CJA FORM 20. ~~Also enclosed are copies of the Third Circuit Court Rules and plan of this circuit pursuant to the Criminal Justice Act of 1964, as amended.~~

Please complete the enclosed Entry of Appearance Form and return to this office within ten (10) days of the date of this letter.

Very truly yours,

SALLY MRVOS, Clerk

By:

Jane Sicilia
Deputy Clerk

SM: ns

enclosures

cc: Charles S. Crandall, Esq.
Asst. U.S. Attorney
402 E. State Street

Mack Barnes
30 Gracell Street
Bloomfield, NJ

Allyn Z. Lite, Clerk
Trenton

SALLY MRVOS
CLERK

OFFICE OF THE CLERK
UNITED STATES COURT OF APPEALS
FOR THE THIRD CIRCUIT
21400 UNITED STATES COURTHOUSE
INDEPENDENCE MALL WEST
601 MARKET STREET
PHILADELPHIA 19106

TELEPHONE
215-597-2995
DIRECT DIAL
597-5017

June 15, 1983

Anthony R. Mautone, Esq.
Minichino, Mautone & Colasanti, Esqs.
Two Peach Tree Hill Road
Livingston, NJ 07039

Re: UNITED STATES OF AMERICA
vs.
BARNES, MACK
(D.C. Criminal No. 82-00200)
No. 83-5442

Dear Council:

Enclosed herewith are the following:

- (XX) Three copies of CJA Form 20 with instruction sheet. Please read carefully. Retain copy No. 3 and return copies Nos. 1 and 2 after completion of the case.
- (XX) Supplemental Instructions for Completing CJA Form 20
- () Transcript Purchase Order form
- () Information Notice to Counsel Regarding Ordering of Transcripts and Transmission of Record
- () Rules of the United States Court of Appeals for the Third Circuit and the Internal Operating Procedures (in same pamphlet). The plan of this circuit pursuant to the Criminal Justice Act of 1964, as amended, is included in this pamphlet.
- (XX) Form on which to enter your appearance within 10 days
- ()

Your immediate attention should be given to ordering from the court reporter (see Transcript Purchase Order form) those portions of the trial transcript which relate to the issues to be raised on appeal in the above-entitled case. When the record is complete for the purposes of the appeal, you will receive information from this office concerning briefing.

Very truly yours,

SALLY MRVOS, Clerk

By: *Jane Sicilia*
Deputy Clerk

enclosures

742-05252-6.

[illegible]

PLEASE INFORM US OF ANY

CHANGE OF ADDRESS

<p>MAR-16 JUN-67 JUN 15 81 DEC 1985</p>	<p>AS 10</p>	<p>***71520</p>	<p>22415</p>	<p>****22726 ****12796 *****2796 ***25130 ***74295 ***21470 ***25242</p> <p>Sgt. Sgt. Sgt. Sgt. Sgt. Sgt.</p>
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United Jersey Bank

3'S NAME ON PAGE ONE

THIS ACCOUNT IS OPENED SUBJECT TO
NO REGULATIONS OF THE BANK

DATE	INTEREST	BALANCE	TOTAL
5			

INFORM US OF ANY

NGE OF ADDRESS

5			
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ed Jersey Bank



METROPOLITAN LIFE INSURANCE COMPANY

POLICY SPECIFICATIONS

DATE OF ISSUE OCT 26 1966

AGE OF INSURED 25

ENDOWMENT DATE OCT 26 2006

TERM INSURANCE ON INSURED WIFE \$1,350
(PAYABLE IF HER DEATH OCCURS BEFORE ENDOWMENT DATE)

PURE ENDOWMENT INSURANCE ON INSURED WIFE \$1,000
(PAYABLE ON ENDOWMENT DATE IF SHE IS THEN ALIVE)

TERM INSURANCE ON EACH INSURED CHILD \$1,000
(NO INSURANCE WHILE CHILD IS LESS THAN 14 DAYS OLD)
INSURANCE ON INSURED CHILD EXPIRES ON SUCH CHILD'S 25TH BIRTHDAY OR ON
THE ENDOWMENT DATE, WHICHEVER IS EARLIER.

POLICY CLASSIFICATION STANDARD

INSURED

BASIC AMOUNT
OF INSURANCE

MACK BARNES

ON INSURED . . . \$5,000

667 022 521 A . . . POLICY NUMBER

PLAN FAMILY ENDOWMENT 65 PLAN

889

PREMIUM SCHEDULE

PREMIUMS PAYABLE ANNUALLY

PREMIUM
AMOUNT

FULL YEARS
PAYABLE

LIFE INSURANCE \$162.65

40

TOTAL PREMIUM OF \$162.65

(TOTAL PREMIUM INCLUDES COST OF DISABILITY AND ADDITIONAL INDEMNITY BENEFITS
PROVIDED BY THIS POLICY.)

*IF INSURED WIFE DIES BEFORE INSURED, THIS PREMIUM WILL THEN
REDUCE TO \$132.95.

TABLES OF VALUES

Guaranteed Cash or Loan Value, Reduced Paid-up Insurance on Insured, and Extended Term Insurance on Insured with Amounts of Any Pure Endowment Insurance—Applicable to a Policy without Either Paid-up Additions or Dividend Accumulations and without Indebtedness

Dollar amounts are shown for each \$1,000 of Basic Amount of Insurance

(Years and days of Extended Term Insurance are the same for any Basic Amount of Insurance)

Values at end of years other than those shown will be quoted on request.

TABLE A—Applicable while both the Insured and the Insured Wife are alive.

Years in Force with all Due Premiums Paid	Insured Age 25 at Issue				Insured Age 26 at Issue				Insured Age 27 at Issue				Insured Age 28 at Issue				Insured Age 29 at Issue				Years in Force with all Due Premiums Paid
	Guaranteed Cash or Loan Value	Reduced Paid-up Insurance on Insured	Extended Term Insurance on Insured	Yrs. Days	Guaranteed Cash or Loan Value	Reduced Paid-up Insurance on Insured	Extended Term Insurance on Insured	Yrs. Days	Guaranteed Cash or Loan Value	Reduced Paid-up Insurance on Insured	Extended Term Insurance on Insured	Yrs. Days	Guaranteed Cash or Loan Value	Reduced Paid-up Insurance on Insured	Extended Term Insurance on Insured	Yrs. Days	Guaranteed Cash or Loan Value	Reduced Paid-up Insurance on Insured	Extended Term Insurance on Insured	Yrs. Days	
1/2	-	-	0	60	-	-	0	60	-	-	0	60	-	-	0	60	-	-	0	60	1/2
1	51	53	0	136	51	53	0	135	51	53	0	133	51	53	0	130	51	53	0	128	1
2	8	21	2	361	9	23	3	113	10	25	3	225	11	26	3	329	13	30	4	182	2
3	30	74	11	45	32	77	11	125	34	80	11	166	36	83	11	174	38	86	11	152	3
4	53	127	16	348	55	129	16	238	58	133	16	187	62	139	16	179	65	142	16	76	4
5	76	177	20	260	80	182	20	171	84	187	20	61	88	191	19	297	92	196	19	150	5
6	100	226	23	157	105	232	23	34	110	238	22	256	115	243	22	98	120	248	21	291	6
7	125	275	25	187	131	282	25	40	137	289	24	241	143	294	24	65	149	300	23	240	7
8	151	324	27	60	157	329	26	226	164	336	26	50	171	343	25	226	179	351	25	60	8
9	177	369	28	154	185	377	27	347	192	383	27	130	201	392	26	329	209	399	26	125	9
10	205	416	29	205	213	423	28	361	222	431	28	*\$20	231	439	27	*\$40	240	446	26	*\$58	10
11	233	461	29	*\$63	242	468	28	*\$82	251	474	27	*\$99	262	484	26	*\$122	272	492	25	*\$141	11
12	261	502	28	*\$139	271	510	27	*\$158	282	519	26	*\$179	293	527	25	*\$200	303	537	24	*\$222	12
13	287	537	27	*\$204	298	546	26	*\$224	310	555	25	*\$246	322	564	24	*\$266	334	572	23	*\$287	13
14	314	572	26	*\$268	326	581	25	*\$288	338	589	24	*\$308	351	599	23	*\$329	363	609	22	*\$352	14
15	341	605	25	*\$327	354	614	24	*\$348	367	623	23	*\$368	381	633	22	*\$390	396	643	21	*\$414	15
16	368	636	24	*\$383	382	645	23	*\$405	397	656	22	*\$428	412	666	21	*\$450	428	677	20	*\$473	16
17	397	668	23	*\$440	412	678	22	*\$462	427	687	21	*\$483	444	699	20	*\$508	461	710	19	*\$531	17
18	426	698	22	*\$494	442	708	21	*\$516	458	718	20	*\$537	476	730	19	*\$562	494	741	18	*\$585	18
19	456	727	21	*\$546	473	738	20	*\$568	490	748	19	*\$589	509	760	18	*\$614	528	772	17	*\$637	19
20	486	754	20	*\$594	504	766	19	*\$617	523	777	18	*\$640	543	790	17	*\$664	563	802	16	*\$687	20
to Age 62 to Age 65	1064		0	*\$1064	1062		0	*\$1062	1060		0	*\$1060	1057		0	*\$1057	1055		0	*\$1055	to Age 62 to Age 65
* Pure Endowment Insurance.																					
NONFORFEITURE FACTOR (See "Basis of Values" on page 10)																					
First 12 Years				First 12 Years				First 12 Years				First 12 Years				First 12 Years					
\$23.76				\$24.57				\$25.43				\$26.34				\$27.30					

TABLE B—Applicable after the Insured Wife's death but while the Insured is alive.

Years in Force with all Due Premiums Paid	Insured Age 25 at Issue				Insured Age 26 at Issue				Insured Age 27 at Issue				Insured Age 28 at Issue				Insured Age 29 at Issue				Years in Force with all Due Premiums Paid
	Guaranteed Cash or Loan Value	Reduced Paid-up Insurance on Insured	Extended Term Insurance on Insured		Guaranteed Cash or Loan Value	Reduced Paid-up Insurance on Insured	Extended Term Insurance on Insured		Guaranteed Cash or Loan Value	Reduced Paid-up Insurance on Insured	Extended Term Insurance on Insured		Guaranteed Cash or Loan Value	Reduced Paid-up Insurance on Insured	Extended Term Insurance on Insured		Guaranteed Cash or Loan Value	Reduced Paid-up Insurance on Insured	Extended Term Insurance on Insured		
			Yrs.	Days			Yrs.	Days			Yrs.	Days			Yrs.	Days			Yrs.	Days	
1/2	-	-	0	60	-	-	0	60	-	-	0	60	-	-	0	60	-	-	0	60	1/2
1	51	53	0	136	51	53	0	135	51	53	0	133	51	53	0	130	51	53	0	128	1
2	6	16	2	84	7	18	2	205	8	20	2	322	9	22	3	66	10	23	3	167	2
3	24	59	9	4	26	63	9	151	27	64	9	181	29	67	9	210	31	70	9	243	3
4	43	103	14	171	45	105	14	124	48	110	14	137	50	112	14	42	53	116	14	0	4
5	62	144	18	41	65	148	17	317	69	154	17	270	72	157	17	138	76	162	17	47	5
6	82	186	20	280	86	190	20	161	90	195	20	28	94	199	19	239	99	205	19	120	6
7	103	227	22	289	108	233	22	152	112	236	21	323	117	241	21	157	123	248	21	21	7
8	124	266	24	102	129	271	23	280	135	277	23	118	141	283	22	310	147	288	22	125	8
9	146	305	25	177	152	310	24	352	158	315	24	149	165	322	23	336	172	328	23	148	9
10	168	341	26	143	175	348	25	316	182	353	25	113	190	361	24	298	198	368	24	108	10
11	192	380	27	86	199	385	26	228	207	391	26	27	216	399	25	210	224	405	24	361	11
12	215	414	27	293	224	421	27	*\$12	232	427	26	*\$28	242	436	25	*\$50	251	442	24	*\$68	12
13	237	444	27	*\$49	246	451	26	*\$68	255	457	25	*\$85	265	464	24	*\$105	276	473	23	*\$127	13
14	258	470	26	*\$100	268	478	25	*\$120	279	487	24	*\$141	290	495	23	*\$162	301	502	22	*\$183	14
15	281	499	25	*\$154	292	507	24	*\$174	303	514	23	*\$194	314	522	22	*\$213	327	531	21	*\$237	15
16	304	525	24	*\$204	315	532	23	*\$223	327	541	22	*\$244	340	550	21	*\$267	353	559	20	*\$288	16
17	327	550	23	*\$252	340	559	22	*\$274	352	567	21	*\$293	366	577	20	*\$316	380	586	19	*\$339	17
18	351	575	22	*\$299	364	583	21	*\$319	378	593	20	*\$342	393	603	19	*\$365	408	612	18	*\$368	18
19	376	600	21	*\$345	390	608	20	*\$366	405	618	19	*\$389	420	627	18	*\$411	436	637	17	*\$434	19
20	401	623	20	*\$388	416	632	19	*\$410	432	642	18	*\$434	448	652	17	*\$456	465	662	16	*\$479	20
to Age 62 to Age 65	884	950	3	*\$943	883	949	3	*\$941	881	946	3	*\$939	879	944	3	*\$937	877	942	3	*\$934	to Age 62 to Age 65
Matures																					
Matures																					
Matures																					
Matures																					
Matures																					
* Pure Endowment Insurance.																					
NONFORFEITURE FACTOR (See "Basis of Values" on page 10)																					
First 12 Years				First 12 Years				First 12 Years				First 12 Years				First 12 Years					
\$19.57				\$20.24				\$20.95				\$21.69				\$22.49					

After the year for which a value is first shown, values as of any time during a policy year will be determined by the Company with allowance for the time elapsed in such year, and for any period in such year for which due premiums have been paid. However, if payment is made prior to the end of the period for which due premiums have been paid, the amount of such payment will be the Guaranteed Cash Value as of the end of that period less interest (at the effective rate of 5% per year) from the date of payment to the end of the period.

THE CUMBERLAND MUTUAL
FIRE INSURANCE COMPANY

BRIDGETON, NEW JERSEY

CHARTERED 1844

HO 116915
RENEWAL OF NUMBER

No. HO 162170

Named Insured and P.O. Address (No., Street, Apt., Municipality, County, State, Zip Code)

MACK BARNES & EARLINE BARNES

30 Gracel Street

Bloomfield, Essex County, New Jersey 07003

Policy Period: Three Years From: 1/9/81 To: 1/9/84

The principal residence premises covered here is located at the above address, unless otherwise stated. (No., Street, Apt., Municipality, County, State, Zip Code)

Coverage is provided where a premium or limit is shown.

Coverages and Limit of Liability	SECTION 1				SECTION 2		
	(A) Your Home on the Insured Premises	(B) Other Appurtenances to the Insured Premises	(C) Unscheduled Personal Property	(D) Loss of Use	(E) Personal Liability to Others Each Occurrence	(F) Medical Payments to Others Each Person	(G) Physical Damage to Property of Others
	\$ 45,000.	\$ 4,500.	\$ 22,500.	\$ 9,000.	\$ 100,000.	\$ 500.	Included
Premiums	Basic Policy Premium	Other Premiums	Total Prepaid Premium	Guaranty Fund	Premium if Paid in Installments	Payable at Inception	Payable at each Anniversary
	\$ 495.00	\$ 15.00	\$ 510.00	\$.83 GUE	\$ 510.00	\$ 170.00	\$ 170.00
	Scheduled Personal Property Premium		\$ -	2.81 Surch	\$ -	\$ -	\$ -
	Combined Premiums		\$ 510.00	each inst.	\$ 510.00	\$ 170.00	\$ 170.00

OUR BLE Section 1: \$ 100. ☐ If checked, \$250 is deductible from each adjusted theft loss. Other:Policies and endorsements made part of this policy
Issue date (show numbers and edition date)

MHO Form

Endorsements MSO Notice (2/80)-MHO-99(2/80)

3/ 7/75

MHO-90(7/78) - MHO-WC(8/80)-MHO-78(8/80)

☐ If checked, the replacement coverage extension is applicable under Coverage (C). Other remarks:

Additional residence premises - Section 2

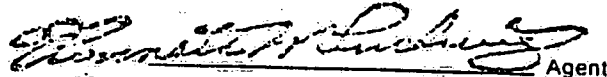
c Street, Apt., Municipality, County, State, Zip Code)

MORTGAGEE (Name and Address):

CLIFTON SAVINGS & LOAN ASSOCIATION
1055 Clifton Avenue, Clifton, New Jersey 07013

Signature Date: January 6, 1981

LV

 Agent

THIS POLICY DOES NOT PROVIDE WORKMEN'S COMPENSATION INSURANCE

WEINER-LUDWIG, INC.

RATING INFORMATION ONLY

Premium Group

Zone:

Protection Class: 1

Fire District:

C-4:

No. of Apts. ☐ 1-4☐ 5-10☐ 11-40☐ over 40☐ Condominium Rented to Others

Less exceptions are noted here, the following conditions apply:

The dwelling insured under Coverage (A) is:

a) frame, (b) single family, (c) within 750' of a hydrant/suction point and 5 miles of a fire dept., (d) not used seasonally;

No business is conducted on the principal or additional residence premises covered here;

No residence is maintained by the named insured at any premises not named here, other than business or farm properties; and

There are no outboard motors or watercraft, otherwise excluded, for which coverage is desired.

Options:

No. Families: ☐Brick, stone, masonry: ☐

More than 750' from hydrant/suction point:

Within

miles of fire department

APPENDIX 5.

THIS MEMORANDUM OF INSURANCE IS FOR INFORMATION
HEREIN, AND AS IT STANDS AT THE DATE OF THIS MI
CHANGE BY ENDORSEMENT ANDIT IS NOT A CONTRACT OF INSURANCE BUT ATTESTS THAT A POLICY AS NUMBERED
INSURANCE HAS BEEN ISSUED BY THE COMPANY. SAID POLICY IS SUBJECT TO
AND CANCELLATION IN ACCORDANCE WITH ITS TERMS.

EXAMPLE INTEREST

(Check One)



United Jersey Bank

NO.

☐ **INSTALMENT LOAN NOTE (Article 12)**

☐ **HOME EQUITY INSTALMENT NOTE**

(Secondary Mortgage)

☐ **OTHER**

BRANCH GOTHAM PARKWAY

Date of Note April 8, 19 83

As used in this Note, the words "I, me and my" mean each and all of the persons who sign below as Borrower. The words "you and your" mean: United Jersey Bank, 210 Main Street, Hackensack, New Jersey 07602.

PROMISE TO PAY: To repay my loan, I will pay you, at one of your offices, the Amount Financed of

****TWENTY THOUSAND AND 00/100**

Dollars (\$ 20,000.00)

us interest on the unpaid part of the Amount Financed at the Annual Percentage Rate of 13.00.

PAYMENTS: I will pay my loan in 36 consecutive monthly instalments on the 14 day of each month, beginning in May 14, 19 83. Each instalment will be in the amount of \$ 298.62, except that if this box is checked ☒ the final instalment will be in the amount of \$ 16,713.70.

Each payment will be applied first to accumulated interest and (if applicable) the credit insurance charge due, then to the principal of the loan.

COLLATERAL: (Check as applicable)

☐ My loan is not secured by collateral.

☐ As security for my loan, I have signed a separate security agreement which fully describes the personal property that will serve as collateral. I affirm that I grant you a security interest in this personal property. A general description of this personal property is:

☒ As security for my loan, I have signed a separate mortgage which fully describes the real property that will serve as collateral. I affirm that I grant you a mortgage on this real property. A general description of this real property is:

30 Gracel St. Bloomfield, N.J.

FLOOD INSURANCE: (☐ is ☒ is not) required by you against flood damage to the collateral securing the loan.

PROPERTY INSURANCE: (☒ is ☐ is not) required by you against loss of or damage to the collateral. If property insurance is required by you, I must obtain and maintain in full force and effect at my cost and expense such required insurance until the Total of Payments of this loan is paid in full. I MAY CHOOSE THE AGENT, BROKER OR OTHER PERSON FROM WHOM SUCH PROPERTY AND FLOOD INSURANCE IS TO BE OBTAINED.

ESTIMATED CHARGES: I understand that the amounts shown for the Finance Charge, the Total of Payments and the final instalment are estimates, which are based on the assumptions that every instalment will be paid on the exact day that it is due, and that each payment period has 30 days. The final payment will therefore depend on the actual number of days the loan is outstanding. A late payment will cause the Finance Charge and the Total of Payments to be more than is estimated, because interest at the Annual Percentage Rate will continue to be imposed on the outstanding balance of the loan. On the other hand, an early payment will cause the Finance Charge and the Total of Payments to be less than is estimated.

REPAYMENT: I can pay off my loan balance at any time before it is due without penalty. If I pay off early, I will pay you the Finance Charge due up to the date of payment. You will refund to me any unearned credit insurance charge (if it is more than \$1.00) according to a commonly used calculation known as the "Rule of 78's."

CREDIT INSURANCE: I understand that I don't have to take out credit life or accident and health insurance in order to obtain my loan. If I qualify for it and I do take it out, I will be required to pay the cost of it. The insurance, which is described in the Notice of Proposed Insurance on the reverse side, will cover only the person who signs below in this "Insurance" section. I want:

(1) Credit Life Insurance. The cost of Credit Life Insurance coverage for the full term of the loan is \$ N/A.

(2) Credit Accident & Health Insurance. This coverage is available only if you request Credit Life Insurance. The cost of Credit Accident & Health Insurance for the full term of this loan is \$ N/A.

Signature of Insured _____

Age: _____

ITEMIZATION OF AMOUNT FINANCED

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments
------------------------	----------------	-----------------	-------------------

1983 PRELIMINARY TAX BILL

TOWNSHIP OF BLOOMFIELD, N.J.

PLEASE WRITE YOUR BLOCK AND LOT
NUMBER ON YOUR CHECK

PROPERTY IDENTIFICATION	BLOCK NUMBER 1022	LOT NUMBER 18	QUALIFICATION
	PROPERTY LOCATION 30 GRACEL ST		
TAX AMOUNT BILLED	1983 1ST QUARTER DUE FEB. 1, 1983 599.20		1983 2ND QUARTER DUE MAY 1, 1983 599.20
	INTEREST		INTEREST
TOTAL		TOTAL	
TAX ACCOUNT NUMBER 1037		MORTGAGE ACCOUNT NO.	TAX BILL NUMBER 823025123

EXPLANATION OF TAX
PRELIMINARY TAX IS EQUAL TO ONE HALF OF 1982 TOTAL NET TAX

1983 PRELIMINARY TAX IS:

IF RECEIPT IS DESIRED PLEASE ENCLOSE
ENTIRE TAX BILL WITH STAMPED
SELF ADDRESSED ENVELOPE.

FLOOD INSURANCE NOTIFICATION — 1982 & 1983

You are hereby advised that property owners of the municipality that issue this tax bill are eligible to buy Federal Flood Insurance. Failure to purchase such insurance by a property owner will result in denial of Federal Disaster Assistance to any owner suffering a loss, in an amount equivalent to that which could have been covered by Flood Insurance National Flood Insurance Act of 1968, 42 U.S.C. 4001. The Tax Collector cannot advise you on Flood Hazard Areas or Insurance. Only your Insurance Agent can advise you about coverage and cost of the VOLUNTARY insurance.

BARNES MACK & EARLINE
30 GRACEL ST
BLOOMFIELD NJ

07003

SEE REVERSE SIDE FOR
INFORMATION TO TAXPAYERS

2ND QUARTER INSTALLMENT DUE MAY 1, 1983

1ST QUARTER INSTALLMENT DUE FEBRUARY 1, 1983

THIS IS NOT A BILL-FOR ADVICE ONLY

1982 FINAL TAX BILL

PROPERTY IDENTIFICATION	BLOCK NUMBER 1022	LOT NUMBER 18	QUALIFICATION
	PROPERTY LOCATION 30 GRACEL ST		
TAX AMOUNT BILLED	1982 3RD QUARTER DUE AUG. 1, 1982 637.60		1982 4TH QUARTER DUE NOV. 1, 1982 637.60
	INTEREST		INTEREST
TOTAL		TOTAL	
TAX ACCOUNT NUMBER 1037		MORTGAGE ACCOUNT NO.	TAX BILL NUMBER 823025123

DISTRIBUTION OF TAX

DESCRIPTION	RATE PER \$100	AMOUNT OF 1982
COUNTY TAXES	2.200	704.
LOCAL TAXES	2.120	678.
SCHOOL TAXES	3.170	1014.

PLEASE WRITE YOUR BLOCK AND LOT
NUMBER ON YOUR CHECK

ASSESSED VALUATION

LAND	10100
IMPROVEMENTS	21900
TOTAL	32000

LESS
EXEMPTION

NET TAXABLE
VALUE

1982 TAX 7.490 2396.

1982 NET TAX 2396.
LESS 1982 TAX
PREVIOUSLY BILLED 1121.
BAL. OF 1982 TAX 1275.

BARNES MACK & EARLINE
30 GRACEL ST
BLOOMFIELD NJ

07003

SEE REVERSE SIDE FOR
INFORMATION TO TAXPAYERS

4TH QUARTER INSTALLMENT DUE NOVEMBER 1, 1982

3RD QUARTER INSTALLMENT DUE AUGUST 1, 1982

THIS IS NOT A BILL-FOR ADVICE ONLY

CLIFTON SAVINGS & LOAN ASSOCIATION
1055 CLIFTON AVE
CLIFTON NJ 07013

052583

063-C01-00005666 F067500 6.750

042283 PREVIOUS BALANCE

050503 MIP INS

05118305-LB

778-
37700

1880292

00

5648-

00
10577

11259

778-

21475

1874644

10577

31956

37700

BARNES, MACK & EARLINE

30 GRACEL AVE
BLOOMFIELD NJ

APPENDIX 7

07003

119140

53198

37700

METROPOLITAN LIFE INSURANCE COMPANY

POLICY SPECIFICATIONS

DATE OF ISSUE APRIL 15 1973

AGE OF INSURED 32

OWNER THE INSURED

BENEFICIARY EARLINE BARNES

CONTINGENT BENEFICIARY, IF ANY, AS DESIGNATED IN
APPLICATION

POLICY CLASSIFICATION STANDARD

INSURED

FACE AMOUNT
OF INSURANCE . . . \$19,000

MACK BARNES

736 463 302 A . . . POLICY NUMBER

PLAN WHOLE LIFE

870

PREMIUM SCHEDULE

PREMIUMS PAYABLE ANNUALLY

PREMIUM
AMOUNT

FULL YEARS
PAYABLE

LIFE INSURANCE \$418.50

58

TOTAL PREMIUM OF \$418.50

APPENDIX 8 (two pages)

(TOTAL PREMIUM INCLUDES COST OF DISABILITY BENEFIT)

IF POLICY IS CONVERTED UNDER OPTION ON PAGE 5, THE FOLLOWING PREMIUM WILL BE
PAYABLE ANNUALLY \$598.81 UNDER OPTION A; OR \$851.70 UNDER OPTION B
(EXCLUDES COST OF ANY DISABILITY OR OTHER ADDITIONAL BENEFIT IN NEW POLICY)

604.605.103.15.

TABLE OF VALUES

Guaranteed Cash or Loan Value, Reduced Paid-up Insurance, Extended Term Insurance
 Applicable to a Policy without Either Paid-up Additions or Dividend Accumulations and without Indebtedness

Values at end of years other than those shown will be quoted on request.

Values at end of years other than those shown will be quoted on page 9																	
Years in Force with all Due Premiums Paid	Age 30 at Issue			Age 31 at Issue			Age 32 at Issue			Age 33 at Issue			Age 34 at Issue			Years in Force with all Due Premiums Paid	
	Guaranteed Cash or Loan Value	Reduced Paid-up Insurance	Extended Term Insurance	Guaranteed Cash or Loan Value	Reduced Paid-up Insurance	Extended Term Insurance	Guaranteed Cash or Loan Value	Reduced Paid-up Insurance	Extended Term Insurance	Guaranteed Cash or Loan Value	Reduced Paid-up Insurance	Extended Term Insurance	Guaranteed Cash or Loan Value	Reduced Paid-up Insurance	Extended Term Insurance		
	For each \$1,000 of Face Amount	Yrs.	Days	For each \$1,000 of Face Amount	Yrs.	Days	For each \$1,000 of Face Amount	Yrs.	Days	For each \$1,000 of Face Amount	Yrs.	Days	For each \$1,000 of Face Amount	Yrs.	Days		
	For each \$1,000 of Face Amount	Yrs.	Days	For each \$1,000 of Face Amount	Yrs.	Days	For each \$1,000 of Face Amount	Yrs.	Days	For each \$1,000 of Face Amount	Yrs.	Days	For each \$1,000 of Face Amount	Yrs.	Days		
1/2	-	-	0 60	-	-	0 60	-	-	0 60	-	-	0 60	-	-	0 60	1/2	
1	-	-	0 60	51	53	0 123	51	53	0 120	51	53	0 116	51	53	0 111	1	
2	52	56	0 245	2	6	0 239	3	8	0 347	4	11	1 76	5	13	1 155	2	
3	18	48	5 255	19	49	5 249	20	51	5 221	21	52	5 178	23	56	5 202	3	
4	34	87	9 135	36	91	9 92	38	94	9 32	40	96	8 322	41	97	8 176	4	
5	51	128	12 62	53	130	11 295	56	134	11 212	58	136	11 65	60	138	10 279	5	
6	69	168	14 127	71	169	13 299	74	173	13 151	77	176	13 0	80	179	12 208	6	
7	86	204	15 297	90	209	15 153	93	211	14 327	96	214	14 133	100	218	13 344	7	
8	105	243	17 42	108	244	16 185	112	248	16 3	116	252	15 178	120	255	14 356	8	
9	123	277	17 363	127	280	17 150	132	285	16 337	136	288	16 121	140	290	15 273	9	
10	142	312	18 264	147	316	18 61	152	320	17 220	156	322	16 352	161	325	16 143	10	
11	162	347	19 123	167	350	18 264	172	353	18 39	177	356	17 178	182	359	16 318	11	
12	181	378	19 259	187	382	19 45	193	387	18 192	198	389	17 316	204	393	17 98	12	
13	199	405	19 326	205	409	19 96	211	412	18 232	217	416	18 3	223	419	17 138	13	
14	216	429	19 334	222	432	19 94	229	437	18 241	236	441	18 23	242	444	17 149	14	
15	234	453	19 336	241	458	19 107	247	460	18 224	254	464	17 363	262	469	17 154	15	
16	252	476	19 312	259	480	19 75	266	484	18 203	274	489	17 352	281	492	17 117	16	
17	270	498	19 266	278	503	19 41	285	506	18 162	293	510	17 303	301	515	17 79	17	
18	288	519	19 200	296	523	18 333	305	529	18 118	313	533	17 252	321	536	17 23	18	
19	307	540	19 135	316	545	18 279	324	549	18 41	333	554	17 186	341	557	16 317	19	
20	326	560	19 94	335	565	18 192	344	569	17 330	353	574	17 106	362	578	16 247	20	
to Age 62	536	751	15 125	530	743	15 49	523	733	14 328	516	723	14 244	509	714	14 160	to Age 62	
to Age 65	586	787	14 90	581	780	14 29	575	772	13 324	569	764	13 257	562	755	13 178	to Age 65	
NONFORFEITURE FACTOR FOR EACH \$1,000 OF FACE AMOUNT (See "Basis of Values" on page 9)																	
First 12 Years			First 12 Years			First 12 Years			First 12 Years			First 12 Years			First 12 Years		
\$17.76			\$18.32			\$18.91			\$19.52			\$20.17					

Years in Force with all Due Premiums Paid	Age 35 at Issue			Age 36 at Issue			Age 37 at Issue			Age 38 at Issue			Age 39 at Issue			Years in Force with all Due Premiums Paid	
	Guaranteed Cash or Loan Value	Reduced Paid-up Insurance	Extended Term Insurance	Guaranteed Cash or Loan Value	Reduced Paid-up Insurance	Extended Term Insurance	Guaranteed Cash or Loan Value	Reduced Paid-up Insurance	Extended Term Insurance	Guaranteed Cash or Loan Value	Reduced Paid-up Insurance	Extended Term Insurance	Guaranteed Cash or Loan Value	Reduced Paid-up Insurance	Extended Term Insurance		
	For each \$1,000 of Face Amount	Yrs.	Days	For each \$1,000 of Face Amount	Yrs.	Days	For each \$1,000 of Face Amount	Yrs.	Days	For each \$1,000 of Face Amount	Yrs.	Days	For each \$1,000 of Face Amount	Yrs.	Days		
	For each \$1,000 of Face Amount	Yrs.	Days	For each \$1,000 of Face Amount	Yrs.	Days	For each \$1,000 of Face Amount	Yrs.	Days	For each \$1,000 of Face Amount	Yrs.	Days	For each \$1,000 of Face Amount	Yrs.	Days		
1/2	-	-	0 60	-	-	0 60	-	-	0 60	-	-	0 60	-	-	0 60	1/2	
1	51	53	0 105	51	53	0 99	51	53	0 92	51	53	0 84	51	53	0 78	1	
2	5	13	1 121	6	15	1 173	7	17	1 213	7	16	1 169	8	18	1 195	2	
3	24	57	5 136	25	58	5 67	26	59	4 362	28	62	4 348	29	63	4 272	3	
4	43	99	8 90	45	102	8 0	47	104	7 269	48	104	7 124	50	106	7 29	4	
5	63	142	10 174	65	143	10 22	67	144	9 232	70	148	9 120	72	149	8 333	5	
6	83	182	12 52	85	182	11 219	88	185	11 63	91	187	10 270	94	189	10 112	6	
7	103	220	13 148	106	222	12 320	110	225	12 158	113	227	11 332	117	230	11 170	7	
8	124	258	14 164	127	259	13 310	131	262	13 120	135	264	12 296	140	269	12 132	8	
9	145	294	15 87	149	296	14 238	154	300	14 51	158	302	13 204	163	306	13 20	9	
10	166	329	15 302	171	332	15 94	176	335	14 252	181	338	14 47	186	341	13 208	10	
11	188	363	16 116	193	366	15 257	199	370	15 56	204	372	14 201	210	376	14 4	11	
12	210	396	16 246	216	400	16 30	222	403	15 179	228	406	14 331	234	409	14 119	12	
13	229	422	16 276	236	427	16 69	242	429	15 209	249	433	15 5	255	436	14 150	13	
14	249	448	16 297	256	452	16 81	263	456	15 231	270	459	15 18	277	463	14 172	14	
15	269	473	16 293	276	476	16 69	283	479	15 212	291	484	15 8	298	487	14 155	15	
16	289	496	16 267	296	499	16 37	304	504	15 189	312	508	14 344	320	512	14 135	16	
17	309	519	16 222	317	523	16 2	325	526	15 149	333	530	14 298	341	534	14 86	17	
18	329	540	16 161	338	545	15 315	346	548	15 93	354	551	14 239	363	556	14 36	18	
19	350	562	16 100	358	565	15 237	367	569	15 25	376	573	14 181	385	577	13 340	19	
20	370	581	16 13	380	586	15 174	389	590	14 324	398	594	14 113	407	598	13 271	20	
to Age 62	501	702	14 65	493	691	13 335	485	680	13 245	476	667	13 142	466	653	13 29	to Age 62	
to Age 65	555	787	13 100	548	736	13 21	540	725	12 300	532	715	12 216	524	704	12 132	to Age 65	
NONFORFEITURE FACTOR FOR EACH \$1,000 OF FACE AMOUNT (See "Basis of Values" on page 9)																	
First 12 Years			First 12 Years			First 12 Years			First 12 Years			First 12 Years			First 12 Years		
\$20.86			\$21.58			\$22.35			\$23.15			\$24.00					

After the year for which a value is first shown, values as of any time during a policy year will be determined by the Company with allowance for the interest earned on the cash value, and for any period in such year for which due premiums have been paid. However, if payment is made prior to the end of the year, the value will be the Guaranteed Cash Value as of the end of that period less

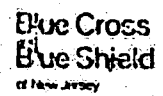
Payment Is Due By This Date			
IDENTIFICATION NUMBER	BILLING DATE		
0213361640	05-25-83	07-01-83	215.67

FOR PLAN USE ONLY

02133616405 0215673

H 215.67 0
0
7

1 BARNES
30 GRACEL STREET
BLOOMFIELD NJ 07003



P.O. BOX 18
NEWARK, N.J. 07101-0018

STREET	STATE	ZIP

REPORT ADDRESS CHANGE HERE

3

Please Return Promptly To Ensure Coverage. Do Not Staple or Mutilate This Notice or Enclose Correspondence

1253 (2-82)
1253 (2-82)

PAYMENT IS DUE BY THIS DATE					
IDENTIFICATION NUMBER		BILLING DATE			
0213361640		05-25-83		07-01-83	

Subscriber
Payment Record

COVERAGE			PERIOD COVERED	REGULAR PAYMENT	PRIOR BALANCE	
AN	CODE	TYPE				
/C	800	F	07-01-83 TO 10-01-83	215.67		\$215.67 BARNES

THIS NOTICE IS BASED ON YOUR REGULAR QUARTERLY BILLING PERIOD.

3

Keep This Portion Of Notice. See Other Side For Important Information

H&R BLOCK

Form

1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 1982

For the year January 1–December 31, 1982, or other tax year beginning

1982, ending

19

OMB No. 1545-0074

Use
IRS
label,
or
print
or type.

CAR-RT SORT **CR 27
 RF 420-54-3865 115-34-0284 519 3
 MACK & EARLINE BARNES
 30 GRACEL ST
 BLOOMFIELD NJ 07003

Last name

Your social security number

Spouse's social security no.

Your occupation

Consultant - CHCA

Spouse's occupation

Lab clerk

Presidential
Election Campaign

Do you want \$1 to go to this fund?

Yes

Yes

No

No

Note: Checking "Yes" will not increase your tax or reduce your refund.

If joint return, does your spouse want \$1 to go to this fund?

Filing Status

Check only
one box.1
2
3
4
5

Single

Married filing joint return (even if only one had income)

Married filing separate return. Enter spouse's social security no. above and full name here

Head of household (with qualifying person).

(See Instructions.)

If the qualifying person is your un-

married child but not your dependent, enter child's name

Qualifying widow(er) with dependent child (Year spouse died 19). (See Instructions.)

Exemptions

Always check
the box labeled
Yourself.
Check other
boxes if they
apply.6a
b

Yourself

Spouse

65 or over

65 or over

Blind

Blind

c First names of your dependent children who lived with you

Keisha, Derek

Enter number of
boxes checked
on 6a and bEnter number
of children
listed on 6c

d Other dependents:

(1) Name

(2) Relationship

(3) Number of
months lived
in your home(4) Did dependent
have income of
\$1,000 or more?(5) Did you provide
more than one-half of
dependent's support?Enter number
of other
dependentsAdd numbers
entered in
boxes above

e Total number of exemptions claimed

Income

Please attach
Copy B of your
Forms W-2 here.If you do not have
a W-2, see
page 5 of
Instructions.Please
attach check
or money
order here.

7 Wages, salaries, tips, etc.
 8 Interest income (attach Schedule B if over \$400 or you have any All-Savers interest)
 9a Dividends (attach Schedule B if over \$400) 9b Exclusion +
 c Subtract line 9b from line 9a
 10 Refunds of State and local income taxes (do not enter an amount unless you de-
 ducted those taxes in an earlier year—see Instructions)
 11 Alimony received
 12 Business income or (loss) (attach Schedule C)
 13 Capital gain or (loss) (attach Schedule D)
 14 40% capital gain distributions not reported on line 13 (See Instructions.)
 15 Supplemental gains or (losses) (attach Form 4797)
 16 Fully taxable pensions, IRA distributions, and annuities not reported on line 17
 17a Other pensions and annuities. Total received 17a
 b Taxable amount, if any, from worksheet 17b
 18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)
 19 Farm income or (loss) (attach Schedule F)
 20a Unemployment compensation (insurance). Total received 20a
 b Taxable amount, if any, from worksheet 20b
 21 Other income (state nature and source—see Instructions)
 22 Total income. Add amounts in column for lines 7 through 21

7 14937
 8 279
 9c
 10
 11
 12 36975
 13
 14
 15
 16
 17a
 17b
 18
 19
 20a
 20b
 21 11464
 22 63655

Adjustments
to Income(See
instr
ctions on
page 11)

23 Moving expense (attach Form 3903 or 3903F)
 24 Employee business expenses (attach Form 2106)
 25 Payments to an IRA. You must enter code from page
 11 (.....)
 26 Payments to a Keogh (H.R. 10) retirement plan
 27 Penalty on early withdrawal of savings
 28 Alimony paid
 29 Deduction for a married couple when both work (at-
 tach Schedule W)
 30 Disability income exclusion (attach Form 2440)
 31 Total adjustments. Add li

23
 24
 25
 26
 27
 28
 29 547
 30

23
 24
 25
 26
 27
 28
 29
 30
 31 597

Adjusted
Gross Income

32 Adjusted gross income. If
 \$10,000. see Instructions

31 from line 22. If this line is less than

Amount from line 32 (adjusted gross income)	33	63058
	34a	3475
	Caution: If you have unearned income and can be claimed as a dependent on your parent's return, check here <input type="checkbox"/> and see instructions.	
	Circle Status: S <u>MFJ</u> MFS HH QW	
	34b	
	35	59583
	36	4000
	37	55583
	38	15273
	39	
Additional Taxes. (See Instructions.) Enter here and check if from <input type="checkbox"/> Form 4970, <input type="checkbox"/> Form 4972, <input type="checkbox"/> Form 5544, or <input type="checkbox"/> section 72 penalty taxes		
40	15273	

Credits	41	
	42	
	43	
	44	160
	45	
	46	
	47	
	48	
	49	
	50	15173

Other Taxes	51	2749
	52	
	53	
	54	
	55	
	56	
	57	
	58	
	59	17922

Payments	60	1812
	61	6000
	62	
	63	
	64	
	65	
	66	
	67	7812

Refund or Amount You Owe	68	
	69	
	70	
	71	10596 67

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Spouse's signature (if filing jointly, BC/H must sign) _____

Preparer's signature [Signature] Date 4/1/83 Check if self-employed ☐ Preparer's social security no. 155 481801

Firm's name (or yours, if self-employed) H&R BLOCK E.I. No. 44-0607856

ZIP code 07011

1 Control number 22222		OMB No. 1545-0008	
2 Employer's name, address, and ZIP code Scientific Environmental Control Systems Inc. 15 West Front Street Red Bank, N.J.		3 Employer's identification number 0942396	4 Employer's state number
5 Stat. emp. <input type="checkbox"/>	Deceased <input type="checkbox"/>	Pension plan <input type="checkbox"/>	Legal rep. <input type="checkbox"/>
942 emp. <input type="checkbox"/>	Sub-total <input type="checkbox"/>	Correction <input type="checkbox"/>	
8 Employee's social security number 420-54-3365		9 Federal income tax withheld 592.90	
10 Wages, tips, other compensation 3000.00		11 FICA tax withheld 201.00	
12 Employee's name, address, and ZIP code Mack Barnes 30 Graceel Street Bloomfield, N.J.		13 FICA wages 3000.00	14 FICA tips
15 Employer's use			
17 State income tax 51.10	18 State wages, tips, etc. 3000.00	19 Name of State N.J.	
20 Local income tax	21 Local wages, tips, etc.	22 Name of local	

Form W-2 Wage and Tax Statement 1982
Department of the Treasury—Internal Revenue Service

Copy C For employee's records
This information is being furnished to the Internal Revenue Service

2 Employer's name, address, and ZIP code		4 Employer's State Number	
5 Stat. emp. <input type="checkbox"/>	Deceased <input type="checkbox"/>	Pension plan <input type="checkbox"/>	Legal rep. <input type="checkbox"/>
942 emp. <input type="checkbox"/>	Sub-total <input type="checkbox"/>	Correction <input type="checkbox"/>	
8 Employee's social security number		9 Federal income tax withheld	
10 Wages, tips, other compensation		11 FICA tax withheld	
12 Employee's name, address, and ZIP code		13 FICA wages	14 FICA tips
17 State income tax	18 State wages, tips, etc.	19 Name of State	
20 Local income tax	21 Local wages, tips, etc.	22 Name of local	

Copy C
For employee's records
This information is being furnished to the Internal Revenue Service

FIRST NATIONAL STATE BANK
OF NEW JERSEY (SAV)
550 BROAD STREET
NEWARK, NEW JERSEY 07102

THIS IS A STATEMENT OF INTEREST FOR
YOUR ACCOUNT ISSUED IN LIEU OF FORM
OR # 1099 INFORMATION RETURN.

TYPE----- OFF ACCOUNT NUMBER
SAVINGS 320 3202 000037100

INTL

THI
INT
101

CALEND 1982
MACK BARNES
30 GRACEEL ST
BLOOMFIELD NJ

UNITED JERSEY BANK
210 MAIN STREET
MACKENSACK, N.J. 07602
C742092210
UN-SAVINGS

Form **1040** U.S. Individual Income Tax Return **1982**

For the year January 1–December 31, 1982, or other tax year beginning

1982, ending

19

OMB No. 1545-0074

Use IRS label, O or V, if printed or type.	CAR-RT SORT RF 420-54-3865 115-34-0284 S19 3 MACK & EARLINE BARNES -30 GKACEL ST BLOOMFIELD NJ 07003	**CR 27	Last name	Your social security number
				Spouse's social security no.
			Your occupation	Consultant - medical
			Spouse's occupation	Lab clerk

Presidential Election Campaign Do you want \$1 to go to this fund? ☐ Yes ☒ No

If joint return, does your spouse want \$1 to go to this fund? ☐ Yes ☒ No

Note: Checking "Yes" will not increase your tax or reduce your refund.

Filing Status

Check only one box.

1 ☐ Single

2 ☒ Married filing joint return (even if only one had income)

3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here

4 ☐ Head of household (with qualifying person). (See Instructions.) If the qualifying person is your unmarried child but not your dependent, enter child's name

5 ☐ Qualifying widow(er) with dependent child (Year spouse died 19). (See Instructions.)

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Exemptions

Always check the box labeled Yourself. Check other boxes if they apply.

6a ☒ Yourself ☐ 65 or over ☐ Blind

b ☒ Spouse ☐ 65 or over ☐ Blind

c First names of your dependent children who lived with you Keisha, Derek

d Other dependents:

(1) Name	(2) Relationship	(3) Number of months lived in your home	(4) Did dependent have income of \$1,000 or more?	(5) Did you provide more than one-half of dependent's support?

e Total number of exemptions claimed 4

Enter number of boxes checked on 6a and b 2

Enter number of children listed on 6c 2

Enter number of other dependents Add numbers entered in boxes above 4

Income

Please attach Copy B of your Forms W-2 here.

If you do not have a W-2, see page 5 of Instructions.

Please attach check or money order here.

7 Wages, salaries, tips, etc.	7	14937
8 Interest income (attach Schedule B if over \$400 or you have any All-Savers interest)	8	279
9a Dividends (attach Schedule B if over \$400)	9a	
9b Exclusion	9b	
c Subtract line 9b from line 9a	9c	
10 Refunds of State and local income taxes (do not enter an amount unless you deducted those taxes in an earlier year—see Instructions)	10	
11 Alimony received	11	
12 Business income or (loss) (attach Schedule C)	12	36975
13 Capital gain or (loss) (attach Schedule D)	13	
14 40% capital gain distributions not reported on line 13 (See Instructions.)	14	
15 Supplemental gains or (losses) (attach Form 4797)	15	
16 Fully taxable pensions, IRA distributions, and annuities not reported on line 17	16	
17a Other pensions and annuities. Total received	17a	
b Taxable amount, if any, from worksheet	17b	
18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	
19 Farm income or (loss) (attach Schedule F)	19	
20a Unemployment compensation (insurance). Total received	20a	
b Taxable amount, if any, from worksheet	20b	
21 Other income (state nature and source—see Instructions)	21	11464
22 Total income. Add amounts in column for lines 7 through 21	22	63655

Adjustments to Income

(See instructions on page 11)

23 Moving expense (attach Form 3903 or 3903F)	23	
24 Employee business expenses (attach Form 2106)	24	
25 Payments to an IRA. You must enter code from page 11 (.....)	25	
26 Payments to a Keogh (H.R. 10) retirement plan	26	
27 Penalty on early withdrawal of savings	27	
28 Alimony paid	28	
29 Deduction for a married couple when both work (attach Schedule W)	29	547
30 Disability income exclusion (attach Form 2440)	30	
31 Total adjustments. Add in column for lines 23 through 30	31	597

Adjusted Gross Income 31 from line 22. If this line is less than \$10,000, see Instructions.

Tax
Compu-
tionSee
Instruc-
tions

- 33 Amount from line 32 (adjusted gross income) 23 63058
- 34a If you itemize, complete Schedule A (Form 1040) and enter the amount from Schedule A, line 30 34a 3475
- Caution: If you have unearned income and can be claimed as a dependent on your parent's return, check here ☐ and see instructions.

Circle Status: S MFJ MFS HH QW

- 34b If you do not itemize, complete the contributions worksheet. Enter the allowable part of your charitable contributions here 34b
- 35 Subtract line 34a or 34b, whichever applies, from line 33 35 59583
- 36 Multiply \$1,000 by the total number of exemptions claimed on Form 1040, line 6e 36 4000
- 37 Taxable income. Subtract line 36 from line 35 37 55583
- 38 Tax. Enter tax here and check if from ☐ Tax Table, ☐ Tax Rate Schedule X, Y, or Z, or ☒ Schedule G 38 15273
- 39 Additional Taxes. (See Instructions.) Enter here and check if from ☐ Form 4970, ☐ Form 4972, ☐ Form 5544, or ☐ section 72 penalty taxes 39

40 Total. Add lines 38 and 39 40 15273

Credits

See
Instruc-
tions

- 41 Credit for the elderly (attach Schedules R&RP) 41
- 42 Foreign tax credit (attach Form 1116) 42
- 43 Investment credit (attach Form 3468) 43
- 44 Partial credit for political contributions 44 100
- 45 Credit for child and dependent care expenses (attach Form 2441) 45
- 46 Jobs credit (attach Form 5884) 46
- 47 Residential energy credit (attach Form 5695) 47
- 48 Other credits—see page 14 48
- 49 Total credits. Add lines 41 through 48 49 15173

50 Balance. Subtract line 49 from line 40 and enter difference (but not less than zero) 50

Other
Taxes(Including
Advance
EIC
Payments)

- 51 Self-employment tax (attach Schedule SE) 51 2749
- 52 Minimum tax (attach Form 4625) 52
- 53 Alternative minimum tax (attach Form 6251) 53
- 54 Tax from recapture of investment credit (attach Form 4255) 54
- 55 Social security (FICA) tax on tip income not reported to employer (attach Form 4137) 55
- 56 Uncollected employee FICA and RRTA tax on tips (from Form W-2) 56
- 57 Tax on an IRA (attach Form 5329) 57
- 58 Advance earned income credit (EIC) payments received (from Form W-2) 58

59 Total tax. Add lines 50 through 58 59 17922

Payments

(Attach
Forms W-2,
1-2G, and
W-2P
to front.)

- 60 Total Federal income tax withheld 60 1812
- 61 1982 estimated tax payments and amount applied from 1981 return 61 6000
- 62 Earned income credit. If line 33 is under \$10,000, see instructions 62
- 63 Amount paid with Form 4868 63
- 64 Excess FICA and RRTA tax withheld (two or more employers) 64
- 65 Credit for Federal tax on special fuels and oils (attach Form 4136) 65
- 66 Regulated Investment Company credit (attach Form 2439) 66

67 Total. Add lines 60 through 66 67 7812

Refund or
Amount
You Owe

- 68 If line 67 is larger than line 59, enter amount OVERPAID 68
- 69 Amount of line 68 to be REFUNDED TO YOU 69
- 70 Amount of line 68 to be applied to your 1983 estimated tax 70
- 71 If line 59 is larger than line 67, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to Internal Revenue Service. Write your social security number and "1982 Form 1040" on it. (Check ☒ if Form 2210 (2210F) is attached. See Instructions.) 71 10596.67

3238
Sign
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Spouse's signature (if filing jointly, he must sign) _____

Preparer's
Use Only

Preparer's signature [Signature] Date 4/1/83 Check if self-employed ☐ Preparer's social security no. 155 148 1806

Firm's name (or yours, if self-employed) and address H&R BLOCK E.I. No. 44-0607856

ZIP code 07011

1 Control number 22222		OMB No. 1545-0008	
2 Employer's name, address, and ZIP code Scientific Environmental Control Systems Inc. 16 West Front Street Red Bank, N.J.		3 Employer's identification number 22-1042394	4 Employer's state number
5 Stat. emp. Deceased <input type="checkbox"/>	Pension plan <input type="checkbox"/>	Legal rep. <input type="checkbox"/>	942 emp. Sub-total <input type="checkbox"/>
6		7 Advance EIC payment	
8 Employee's social security number 420-54-3365	9 Federal income tax withheld 592.00	10 Wages, tips, other compensation 3000.00	11 FICA tax withheld 201.00
12 Employee's name, address, and ZIP code Mack Barnes 30 Gracel Street Bloomfield, N.J.		13 FICA wages 3000.00	14 FICA tips
16 Employer's use		17 State income tax 51.10	18 State wages, tips, etc. 3000.00
		20 Local income tax	21 Local wages, tips, etc.
		19 Name of State N.J.	22 Name of local

Form W-2 Wage and Tax Statement 1982
Department of the Treasury—Internal Revenue Service

Copy C For employee's records
This information is being furnished to the Internal Revenue Service

2 Employer's name, address, and ZIP code		Wage and Tax Statement 1982		Copy C For employee's records	
		4 Employer's State Number		This information is being furnished to the Internal Revenue Service	
5 Stat. emp. Deceased <input type="checkbox"/>	Pension plan <input type="checkbox"/>	Legal rep. <input type="checkbox"/>	942 emp. Sub-total <input type="checkbox"/>	7 Advance EIC payment	
8 Employee's social security number		9 Federal income tax withheld		10 Wages, tips, other compensation	
				11 FICA tax withheld	
12 Employee's name, address, and ZIP code		13 FICA wages		14 FICA tips	
		17 State income tax		18 State wages, tips, etc.	
		20 Local income tax		21 Local wages, tips, etc.	
				19 Name of State	
				22 Name of local	

FIRST NATIONAL STATE BANK
OF NEW JERSEY (SAV)
550 BROAD STREET
NEWARK, NEW JERSEY 07102

THIS IS A STATEMENT OF INTEREST FOR
YOUR ACCOUNT ISSUED IN LIEU OF A 1099
OR A 1099 INFORMATION RETURN.

TYPE----- OFF ACCOUNT NUMBER
SAVINGS 320 3202 000037100

INTL

CALEND

1982

MACB BARNES
30 GRACEL ST
BLOOMFIELD, N.J.

UN-SAVINGS

07420225 16

UNITED JERSEY BANK
210 MAIN STREET
HACKENSACK, N.J.

07602

1 Control number		22222	
2 Employer's name, address, and ZIP code		3 Employer's identification number	4 Employer's State number
Scientific Environmental Control Systems, Inc. 16 W. Front Street Red Bank, N.J.		22-1942396	
5 Stat. em- ployee	De- ceased	Pension plan	Legal rep.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
942 emp.	Sub- total	Cor- rection	Void
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		7 Advance EIC payment	
8 Employee's social security number		9 Federal income tax withheld	
420-54-3965		3912.25	
12 Employee's name, address, and ZIP code		10 Wages, tips, other compensation	
Mack Barnes 30 Gracel Street Bloomfield, N.J.		18350.00	
		11 FICA tax withheld	
		1253.53	
		13 FICA wages	
		18350.00	
		14 FICA tips	
16 Employer's use			
17 State income tax		18 State wages, tips, etc.	
321.03		18350.00	
19 Name of State		20 Local income tax	
N.J.		21 Local wages, tips, etc.	
		22 Name of locality	

EMPLOYEE'S COPIES

Form W-2 Wage and Tax Statement 1981
Department of the Treasury-Internal Revenue Service

Copy C For employee's records
This information is being furnished to the Internal Revenue Service.

For the year January 1–December 31, 1982, or other tax year beginning

1982, ending

19

OMB No. 1545-0074

Use IRS label, O er- v " p use print or type.	CAR-RT SORT RF 420-54-3865 115-34-0284 S19 3 MACK 6 EARLINE BARNES 30 GRACEL ST BLOOMFIELD NJ 07003	**CR 27	Last name	Your social security number
				Spouse's social security no.
			Your occupation	Consultant - CHCA
			Spouse's occupation	LAL clerk

Presidential Election Campaign

Do you want \$1 to go to this fund?

Yes

Yes

No

No

Note: Checking "Yes" will not increase your tax or reduce your refund.

Filing Status

Check only one box.

1
2
3
4
5

Single

Married filing joint return (even if only one had income)

Married filing separate return. Enter spouse's social security no. above and full name here

Head of household (with qualifying person).

(See Instructions.)

If the qualifying person is your un-

married child but not your dependent, enter child's name

Qualifying widow(er) with dependent child (Year spouse died 19). (See Instructions.)

Exemptions

Always check the box labeled Yourself. Check other boxes if they apply.

6a
b

Yourself

65 or over

Blind

Enter number of boxes checked on 6a and b

b

Spouse

65 or over

Blind

Enter number of children listed on 6c

c First names of your dependent children who lived with you

Keisha, Derek

d Other dependents:

(1) Name

(2) Relationship

(3) Number of months lived in your home

(4) Did dependent have income of \$1,000 or more?

(5) Did you provide more than one-half of dependent's support?

Enter number of other dependents. Add numbers entered in boxes above

e Total number of exemptions claimed

Income

Please attach Copy B of your Forms W-2 here.

If you do not have a W-2, see page 5 of Instructions.

Please attach check or money order here.

7	Wages, salaries, tips, etc.	7	14937
8	Interest income (attach Schedule B if over \$400 or you have any All-Savers interest)	8	279
9a	Dividends (attach Schedule B if over \$400)	9a	
9b	Exclusion	9b	
9c	Subtract line 9b from line 9a	9c	
10	Refunds of State and local income taxes (do not enter an amount unless you deducted those taxes in an earlier year—see Instructions)	10	
11	Alimony received	11	
12	Business income or (loss) (attach Schedule C)	12	36975
13	Capital gain or (loss) (attach Schedule D)	13	
14	40% capital gain distributions not reported on line 13 (See Instructions.)	14	
15	Supplemental gains or (losses) (attach Form 4797)	15	
16	Fully taxable pensions, IRA distributions, and annuities not reported on line 17	16	
17a	Other pensions and annuities. Total received	17a	
17b	Taxable amount, if any, from worksheet	17b	
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	18	
19	Farm income or (loss) (attach Schedule F)	19	
20a	Unemployment compensation (insurance). Total received	20a	
20b	Taxable amount, if any, from worksheet	20b	
21	Other income (state nature and source—see Instructions)	21	11464
22	Total income. Add amounts in column for lines 7 through 21	22	63655

Adjustments to Income

(See instructions on page 11)

23	Moving expense (attach Form 3903 or 3903F)	23	
24	Employee business expenses (attach Form 2106)	24	
25	Payments to an IRA. You must enter code from page 11 (.....)	25	
26	Payments to a Keogh (H.R. 10) retirement plan	26	
27	Penalty on early withdrawal of savings	27	
28	Alimony paid	28	
29	Deduction for a married couple when both work (attach Schedule W)	29	597
30	Disability income exclusion (attach Form 2440)	30	
31	Total adjustments. Add lines 23 through 30	31	597
32	Adjusted gross income. If \$10,000, see Instructions.	32	

Adjusted Gross Income

31 from line 22. If this line is less than

1040 (1982)

Computation	33	Amount from line 32 (adjusted gross income)	33	63058	
	34a	If you itemize, complete Schedule A (Form 1040) and enter the amount from Schedule A, line 30 Caution: If you have unearned income and can be claimed as a dependent on your parent's return, check here <input type="checkbox"/> and see instructions.	34a	3475	
		Circle Status: S <u>MFJ</u> MFS HH QW			
	34b	If you do not itemize, complete the contributions worksheet. Enter the allowable part of your charitable contributions here	34b		
	35	Subtract line 34a or 34b, whichever applies, from line 33	35	59583	
	36	Multiply \$1,000 by the total number of exemptions claimed on Form 1040, line 6e	36	4000	
	37	Taxable income. Subtract line 36 from line 35	37	55583	
	38	Tax. Enter tax here and check if from <input type="checkbox"/> Tax Table, <input type="checkbox"/> Tax Rate Schedule X, Y, or Z, or <input checked="" type="checkbox"/> Schedule G	38	15273	
	39	Additional Taxes. (See instructions.) Enter here and check if from <input type="checkbox"/> Form 4970, <input type="checkbox"/> Form 4972, <input type="checkbox"/> Form 5544, or <input type="checkbox"/> section 72 penalty taxes	39		
	40	Total. Add lines 38 and 39	40	15273	
Credits	41	Credit for the elderly (attach Schedules R&RP)	41		
	42	Foreign tax credit (attach Form 1116)	42		
	43	Investment credit (attach Form 3468)	43		
	44	Partial credit for political contributions	44	100	
	45	Credit for child and dependent care expenses (attach Form 2441)	45		
	46	Jobs credit (attach Form 5884)	46		
	47	Residential energy credit (attach Form 5695)	47		
	48	Other credits—see page 14	48		
	49	Total credits. Add lines 41 through 48	49		
	50	Balance. Subtract line 49 from line 40 and enter difference (but not less than zero)	50	15173	
Other Taxes	51	Self-employment tax (attach Schedule SE)	51	2749	
	52	Minimum tax (attach Form 4625)	52		
	53	Alternative minimum tax (attach Form 6251)	53		
	54	Tax from recapture of investment credit (attach Form 4255)	54		
	55	Social security (FICA) tax on tip income not reported to employer (attach Form 4137)	55		
	56	Uncollected employee FICA and RRTA tax on tips (from Form W-2)	56		
	57	Tax on an IRA (attach Form 5329)	57		
	58	Advance earned income credit (EIC) payments received (from Form W-2)	58		
	59	Total tax. Add lines 50 through 58	59	17922	
	Payments	60	Total Federal income tax withheld	60	1812
61		1982 estimated tax payments and amount applied from 1981 return	61	6000	
62		Earned income credit. If line 33 is under \$10,000, see instructions	62		
63		Amount paid with Form 4868	63		
64		Excess FICA and RRTA tax withheld (two or more employers)	64		
65		Credit for Federal tax on special fuels and oils (attach Form 4136)	65		
66		Regulated Investment Company credit (attach Form 2439)	66		
67		Total. Add lines 60 through 66	67	7812	
Refund or Amount You Owe		68	If line 67 is larger than line 59, enter amount OVERPAID	68	
		69	Amount of line 68 to be REFUNDED TO YOU	69	
	70	Amount of line 68 to be applied to your 1983 estimated tax	70		
	71	If line 59 is larger than line 67, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to Internal Revenue Service. Write your social security number and "1982 Form 1040" on it. (Check <input checked="" type="checkbox"/> if Form 2210 (2210F) is attached. See instructions.)	71	10596 67	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Your signature _____ Date _____ Spouse's signature (if filing jointly, BV-FH must sign) _____					
Preparer's signature <u>[Signature]</u> Date <u>4/1/83</u> Check if self-employed <input type="checkbox"/> Preparer's social security no. <u>155 481 806</u>					
Firm's name (or yours, if self-employed) and address <u>H&R BLOCK</u> E.I. No. <u>44 0607856</u>					
ZIP code <u>07011</u>					

Solvents Recovery Service of New Jersey, Inc
1200 Sylvan Street
Linden, NJ 07036

Type or print
PAYER'S
name, address,
ZIP code, and
Federal
identifying
number.

Nonemployee
Compensation

Copy B
For Recipient

Recipient's identifying number 1 Fees, commissions, and other compensation

420-54-3865

\$8998.40

Type or print RECIPIENT'S name, address, and ZIP code below.

Rack Barnes
30 Gracel Street
Bloomfield, NJ 07003
201-655975

See instructions on back of this copy.

This information is being furnished to the
Internal Revenue Service.

Form 1099-NEC

GPO: 1980-O-312-113 EI 25-1118272

Department of the Treasury—Internal Revenue Service

132357		← Control Number 1100		Wage and Tax Statement 1981		[Stamp]	
2 Employer's name, address, and ZIP code EAST ORANGE STATE HOSPITAL PRG 300 CENTRAL AVE EAST ORANGE NJ 07019				4 Employer's State Number NJ 210000000		[Stamp]	
				5 Stat. em- ployee ceased		Pension plan	
				Legal rep.		942 emp.	
				Sub- total		Cor- rection	
				Void			
				6		7 Advance EIC payment	
8 Employee's social security number 115-34-0234		9 Federal income tax withheld 1170.73		10 Wages, tips, other compensation 1170.73		11 FICA tax withheld 74.73	
12 Employee's name, address, and ZIP code EARLINE BARNES 30 GRACEL STREET BLOOMFIELD NJ 07003				13 FICA wages 1170.73		14 FICA tips	
				17 State income tax 21.00		18 State wages, tips, etc. 1170.73	
				20 Local income tax 11.71		21 Local wages, tips, etc. 1170.73	
				16 Employer's use		19 Name of State NJ	
						22 Name of Locality Bloomfield	

132357		← Control Number 1100		Wage and Tax Statement 1981		[Stamp]	
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				5 Stat. em- ployee ceased		Pension plan	
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						22 Name of Locality Bloomfield	

SUPERIOR COURT OF NEW JERSEY

CHANCERY DIVISION



Chambers of
REGINALD STANTON
JUDGE

RECEIVED

JUN 23 1983

EXECUTIVE DEPT.

David W. Reger, D.A.G.
CN 112
Trenton, N. J.

June 23, 1983

Herbert G. Casem, Jr.,
571 Mountain View Terr.
Dunellen, N. J. 08812

228 Hall of Records
Newark, New Jersey 07102
961-8141

Presto & Barbire, Esqs.
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Rutherford, N.J. 07070

Harriet Sims Harvey
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Englewood, N. J. 07631

Edward J. Egan, Esq.
1703 E. Second Street
Scotch Plains, N. J. 07076

Leif R. Sigmond
215 Comanche Drive
Oceanport, N. J. 07757

IN RE: STATE OF N.J., DEPT ENV. PRO. V SCIENTIFIC CHEMICAL
C 1852-83E

Counsel:

I have decided to schedule a case management conference, in chambers, in this action for Thursday, August 11, 1983 at 4 P. M.

At this conference, counsel should be prepared to discuss discovery requirements as well as the factual and legal basis of this action.

The conference is to be attended by the lawyers who are actually in charge of the case and who will try the action.

Very truly yours,

Reginald Stanton, J.S.C.

Note: The lawyers listed above are those whose names appear as attorneys of record in pleadings thus far filed and docketed. Sometimes there is a time lag in docketing and we are unaware of a lawyer's participation in the case for a short period. If any lawyer listed above knows of the participation in the case of a lawyer not listed above, please inform that lawyer of the conference and tell him that he should attend.

R. S., J.S.C.